

CJA INTERPRETER INVOICE

NAME:
ADDRESS:
CITY, STATE, ZIP CODE
PHONE NUMBER
E-MAIL ADDRESS

TO ATTORNEY:

Please complete the below for each date of service:

Date of service: _____

Case Name: _____ Case Number: _____

Location of service: _____

1. Time of service: from _____ a.m./p.m. to _____ a.m./p.m. _____ # of hour(s)

2. Round trip travel time: _____ # of hour(s)

3. Total number of hours: add line 1 and 2: _____

If the total number of hours is not a whole number, round up to the next whole number: _____

4. Multiply number of hours by the CJA rate at \$65.00 per hour: \$ _____

5. Round trip mileage: _____ miles @ .485 per mile (effective 2/1/07) \$ _____

6. Parking \$ _____ BART \$ _____ Muni \$ _____ \$ _____

7. Document translation: # of words _____ @ \$ _____ per word \$ _____

8. Grand total: add line 4, 5, 6 and 7 \$ _____